



DAART
Diabetes Ask - Advise - Refer
about Tobacco Use



PATIENT FAX REFERRAL FORM

Today's Date _____

Fax to: 1-800-261-6259

Use this form to refer patients who are ready to quit tobacco in the next 30 days to the Kentucky's Tobacco Quitline.

PROVIDER(S): Complete this section

Provider name	Contact Name
Clinic/Hosp/Dept	E-mail
Address	Phone () -
City/State/Zip	Fax () -

PATIENT: Complete this section

_____ Yes, I am ready to quit and ask that a Quit Line coach call me. I understand that Kentucky's Tobacco Quitline
Initial will inform my provider about my participation.

Best times to call? ☐ morning ☐ afternoon ☐ evening ☐ weekend

May we leave a message? ☐ Yes ☐ No

Are you hearing impaired and need assistance? ☐ Yes ☐ No

Insurance? ☐ Yes ☐ No

Insurance carrier: _____

Member ID: _____

Medicaid? ☐ Yes ☐ No

Medicare? ☐ Yes ☐ No

Date of Birth? / / Gender ☐ M ☐ F

Patient Name (Last) _____ (First) _____

Address _____ City _____ KY

Zip Code _____ E-mail _____

Phone #1 () - Phone #2 () -

Language ☐ English ☐ Spanish ☐ Other _____

Patient Signature _____ **Date** _____

PLEASE FAX TO: 1-800-261-6259

Or mail to: Kentucky's Tobacco Quitline, c/o National Jewish Health®, 1400 Jackson St., M302, Denver, CO 80206

Confidentiality Notice: This facsimile contains confidential information. If you have received this in error, please notify the sender immediately by telephone and confidentially dispose of the material. Do not review, disclose, copy or distribute.



Patients who use tobacco are **nine times more likely to quit** long term when using the free Kentucky's Tobacco Quitline services compared to quitting on their own.

FAX REFERRAL PROGRAM IN 5 EASY STEPS

1. Ask about client's, or their parent's/guardian's tobacco use at each visit.
2. Advise tobacco users about the health consequences of tobacco use and determine if they would like to quit.
3. If so, complete the Client Referral/Consent form and fax it to **1-800-261-6259**.
4. Prescribe pharmacotherapy, if appropriate, or advise about NRT for relief from withdrawal symptoms and to aid with quitting.
5. Information about the patient's enrollment status is faxed back to the healthcare provider.

ADDITIONAL TOBACCO CESSATION RESOURCES

For additional fax referral forms and quitline materials contact:

Jan Beauchamp
Tobacco Prevention and Cessation Program
502-564-9358, extension 3817

Quitline materials are also available at
<http://chfs.ky.gov/dph/info/dpqj/hp/tobacco.htm>